



FORDEN RURAL DISTRICT COUNCIL

Annual Report of the Medical Officer
of Health for 1966

COUNCIL AT 31st DECEMBER, 1966:

CHAIRMAN: Councillor D. C. Jones.

VICE-CHAIRMAN: Councillor J. E. Vaughan.

COUNCILLORS: W. L. Bolderston,
G. H. Bowen,
J. D. Bowen,
T. P. Bowen,
T. E. Davies,
E. D. Evans,
R. T. Ferrier-Jones,
T. G. Francis,
H. A. Hambleton,
D. M. Jones,
W. W. Jones,
G. Lewis,
T. E. Jones,
G. H. Parry,
E. O. Ralph,
S. G. Pritchard,
W. L. Woods.

CLERK: N. O. Davies, A.C.C.S.

TREASURER: R. C. Williams.

MEDICAL OFFICER OF HEALTH: Elinor M. Greville, M.R.C.S., L.R.C.P., D.F.H.,
Welshpool Borough Council Offices,
Welshpool.
(District M.O.H. N.Monts).

SURVEYOR & PUBLIC HEALTH INSPECTOR:

H. J. Sleigh.



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TO THE FORDEN RURAL DISTRICT COUNCIL

Mr. Chairman and Councillors,

I beg to submit my report for the year ending 31st December, 1966, which is drawn up according to the instructions of the Welsh Board of Health.

An examination of the vital statistics of the Area for 1966 show a rise of 80 in the growth of the population. The Crude Death and Birth rates were higher than in 1965. In order to compare the Birth and Death rates of one locality with those of another it is necessary to determine whether the two populations are comparable in point of age; if they are not, then certain corrections must be made. The Registrar General provides figures known as the "Comparability Factors" for this purpose, in 1966, even after applying these factors to the Crude Birth and Death rates the corrected Birth Rate was higher and the corrected Death Rate lower than the corresponding rates for both the County and England and Wales. 70 deaths occurred, 50% over 75 years of age; 24 from heart disease (the chief cause of death); there were more than twice as many deaths from coronary heart disease in 1966 as there were in the previous year. Coronary Heart disease caused 13 deaths, 10 of these occurred over 65 years of age. This disease causes more deaths in England and Wales than any other single disease and the mortality rate is increasing; part of this increase is due to improved methods of diagnosis and death certification, but a study of post-mortem findings points to a real increase as well. The Mortality rates for men and women between 15-49 yrs increased by over 30% in each case between 1956 and 1965 and in women over child-bearing age there is also a tendency for this rate to increase. Among the many factors thought to contribute to coronary heart disease are:- obesity, sedentary occupation, diet and smoking.

There were 15 deaths from cancer, (three from cancer of the stomach and four from cancer of the lung). Since 1960, deaths from cancer of the lung have increased by nearly 1,000 a year and cigarette smoking is said to be the most important single known cause of cancer of the lung. The death rate is less markedly increased amongst pipe and cigar smokers, but is ten times higher among smokers than non-smokers. Statistics for children under 16 years of age are not available; however, although the total number of people in the 16-19 years age group increased between 1961 and 1965, the proportion of people who did not smoke rose by 11% in men and 6% in Women; this, at least, is encouraging and is perhaps the result of health education on smoking in their earlier years at school; perhaps their example will effect a decline in smoking in adults; they do not all so far (apart from doctors and medical students) seem to have taken much notice of publicity directed towards this end.

Brucellosis, in this country, is caused by the brucella abortus bacillus in raw cows milk being ingested; this causes undulant fever in man and contagious abortion in cattle.

In July, the Minister of Agriculture announced the government's intention to introduce a scheme for the eradication of brucellosis; the first step would be to compile a register of brucella - free herds to provide reservoir of disease - free replacements; the second step would be the eradication area by area by slaughtering of all animals which reacted to the diagnostic tests. In due course consideration will be given to eradication area by us. This announcement was welcomed with enthusiasm by us for the legislation at present for ensuring that the suspect milk is made safe by pasteurization is extremely complicated and involves co-ordinated action by the District and County Medical Officers of Health and the Ministry of Agriculture Veterinary Surgeons. 5% of liquid milk is sold raw to the public and it is the practice of the farmer and his family to drink raw milk from his cows; infected animals or their excreta may infect farm hands, slaughterers or Veterinary Surgeons, and the milk of cows recovering from contagious abortion may remain infective for long periods.

Cont/over

Whilst the fatality rate in man is less than 2%, recurring attacks have a considerable "nuisance" value. The disease is notifiable only in 10 Authorities; for this reason there is a lack of positive evidence as to the incidence of human brucellosis, but it is thought to be higher than the official figure of 124 cases in 1964 in England and Wales and 125 cases in 1965.

(Action on two occasions was required in the district in 1966 - this was confined to warning farmers not to drink raw milk - the public supply being already pasteurized).

An increase in the rat population in the County was attributed to "Warfarin resistant rats"; only acute poisons are now used. The Prevention of Damage by Pests Act (1949) empowers both Local Authorities and the Ministry of Agriculture to control infestation in relation to land and businesses including the manufacture, storage transport or sale of food. The Ministry organized demonstrations, for Local Authorities to show the effect of different kinds of poison on the rat population. Rat-repression is essential since it is estimated that (allowing for mortality from other causes), one pair of rats will produce a further hundred and thirty per annum. Cleanliness of food premises and proper food storage, frequent removal of edible refuse and rat-proofing of buildings are important preventive measures and special attention is required on food premises of all kinds. The rat is a "carrier" of disease, notably the enteric infections and Weil's disease (causes fever and jaundice - spirochaete passed in rat's urine infects water and infection passes to man through an abrasion in the skin).

From time to time reports of Salmonella "Dublin" (a food poisoning organism) in cattle are received by me from the Ministry of Agriculture Veterinary Surgeon. Wherever this occurs a visit is made and if the milk supply is not pasteurized the occupants are advised to boil the milk for their own use. If a milk producing farm is affected, the milk is directed for pasteurization (it may already be so treated). Care is taken to ensure persons tending the sick animals do not come in contact with the dairy. Any person found to have had any illness suggesting a Salmonella infection is advised not to work in the dairy until a full bacteriological examination satisfies us that he is not suffering from Salmonellosis. 2 such notifications were received in 1966.

There is a constant need for regular inspection and repeated re-inspection of all food premises in order to comply with the Food Hygiene Regulations; at the time of writing Mr. Sleight reports that the preliminary inspections have been made and that regular re-inspections will be made in the district. School canteens and toilets were inspected both by me and Mr. Sleight in 1965 and a report submitted to the Principal School Medical Officer for action where necessary. As assistant School Medical Officer I inspect the school canteens and toilets and enquire about the milk supply whenever I am on the premises (e.g. during school Medical Inspections).

The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, came into force on 1st January, 1967, thus bringing the requirements more into line with the regulations relating to food premises. In most cases washing facilities must now be provided together with a supply of hot and cold water. These facilities are long overdue. At the same time the Minister of Health and Agriculture published a "code" for the bakery trade and industry - in effect it repeats the general advice the public health inspectors offer when they carry out inspections of food premises.

Water Supplies in Abermule and Forden gave cause for concern during the year - but towards the end of 1966 hope that water mains may be extended to Forden rose.

With Berriew Sewerage Scheme accomplished, 5 further projects were initiated, these were Schemes for Churchstoke, Middletown, Llandyssil, Abermule and Leighton.

Progress was made with housing; the Council erected more houses than private builders.

I am aware of the Council's interest in the welfare of the elderly and of their plans for further dwellings for the elderly. Numbers of persons reaching retiring age are increasing; approximately one million men and women in England and Wales are living alone (Ministry of Health, 1966). Health Visitors, Home Nurses, Home Helps, Voluntary Services and Local Authority Welfare Services co-operate to assist these persons. Meals-on-wheels are invaluable in preventing malnutrition in these cases - but one would welcome an extended Home Help - Nursing Service (Night-helps), to enable the infirm to remain in their homes longer. Wardens in old people's bungalows are a step towards this goal.

During the year, the Minister of Health circularized all local authorities requiring them to review their arrangements for dealing with "Homelessness" and the circular stressed the importance of keeping all the family together as a unit, the need to co-ordinate the services of the Health, Welfare and Children's Department together with the local housing authority. It also pointed out the need to notify the social service departments at the first sign of trouble which may lead to eviction of the family. It was suggested that older houses could be maintained and reserved for the tenants requiring rehabilitation until such time as they could be rehoused. In 3 of the five districts of North Montgomeryshire which I serve I cannot recall that it was necessary to evict a family. The two families evicted were not from Forden R.D. They were admitted to "Part III" accommodation at "Y Dolydd" in Llanfyllin; the Mothers and children were thus separated from the Fathers and there was very little chance to rehabilitate the families; it was equally impossible to re-house them in the district. Strangely enough both fathers eventually after many months obtained houses for their families; as they left my district I have no means of assessing the effect this episode had on their lives. Forden do not at present appear to have a "homeless" problem; in the past such cases have been "absorbed" by the Council's Housing allocations, and "homelessness" avoided.

I would like to take this opportunity to thank Mr. Sleigh for preparing the report on Sanitary Circumstances of the Area and to thank the Council, the Clerk, Mr. Sleigh and the staff for their assistance during a very busy year.

I remain,

Your obedient servant,

Elinor M. Greville.

October, 1967.

SECTION "A"

General Statistics of the Area

Area of the district - 49,774 acres.
Registrar General's mid-year estimate of resident population - 5160.
Number of inhabited houses according to Rate Books - 1574.
Rateable Value at 31st March, 1966 - £80530.
Sum of Penny Rate - £314.

Vital Statistics

Population

Estimated Mid-year 1966	-	5160
Estimated Mid-year 1965	-	5080
Estimated Mid-year 1964	-	5100
Estimated Mid-year 1963	-	5060
Estimated Mid-year 1962	-	5010

These figures show a rise in the population since 1965 of 80; the 1966 live births stood at the figure of 84; since the number of deaths was 70, there was a natural increase in the population of 14.

Births and Deaths

Live Births - Total 84.

				Male	Female	Total
Legitimate	...	...	...	50	28	78
Illegitimate	...	...	...	4	2	6
Total	...	...	...	54	30	84

Crude Birth Rate - 16.2 per 1,000 population (15.55 per 1,000 in 1965).

Corrected Birth Rate - 18.31 per 1,000 population (after applying the Area Comparability figure of 1.13).

Illegitimacy Rate - 7% of total births (10.1. in 1965).

Stillbirths - Total 1 (legitimate) Due to maternal toxæmia.

Still Birth Rate - 1.2% of Live Births (Nil in 1965).

Total Live and Still births - 85

Infant Deaths (deaths under one year) - Nil.

Total Infant Mortality Rate - Total Infant deaths per 1,000 total live births - Nil (12.65 in 1965).

Legitimate Infant Mortality Rate - Legitimate infant deaths per 1,000 legitimate live births - Nil (14.08 in 1965).

Illegitimate Infant Mortality Rate - Illegitimate infant deaths per 1,000 illegitimate live births - Nil.

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) - Nil.

Early Neo-natal Mortality Rate - deaths under one week per 1,000 total live births - Nil (12.65 in 1965)

* Perinatal Mortality Rate - Stillbirths and deaths under one week combined per 1,000 total live and stillbirths - 11.8 (25.0 in 1965)

* Caused by 1 Stillbirth.

Maternal Mortality - Nil

Cont./over.

Deaths - (All Causes) - 70.

Male	...	...	...	...	...	39
Female	...	...	...	...	...	31
Total	...	...	...	...	...	70

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966

IN THE RURAL DISTRICT OF FORDEN

	Sex	Total All Ages	Age in Years							75 and over
			5-	15-	25-	35-	45-	55-	65-	
Tuberculosis, Respiratory	F	1	-	-	-	-	-	-	1	-
Malignant Neoplasm, Stomach	M	2	-	-	-	-	-	-	-	2
	F	1	-	-	-	-	-	-	-	1
Malignant Neoplasm, Lung, Bronchus	M	3	-	-	-	-	-	2	1	-
	F	1	-	-	-	-	-	-	1	-
Other Malignant & Lymphatic Neoplasms	M	5	-	-	-	-	1	-	2	2
	F	3	-	-	-	-	-	1	-	2
Vascular Lesions of Nervous System	M	5	-	-	-	-	-	2	2	1
	F	5	-	-	-	-	-	1	1	3
Coronary Disease, Angina	M	9	-	-	-	1	1	-	3	4
	F	4	-	-	-	-	-	1	-	3
Other Heart Disease	M	4	-	-	-	-	-	-	2	2
	F	7	-	-	-	-	-	1	1	5
Other Circulatory Disease	M	2	-	-	-	-	-	-	2	-
	F	1	-	-	-	-	-	-	1	-
Influenza	M	2	-	-	-	-	-	-	1	1
	F	1	-	-	-	-	1	-	-	-
Pneumonia	M	1	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	2
Bronchitis	M	1	-	-	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	2
Other Defined & Ill-Defined Diseases	M	2	-	-	-	-	-	2	-	-
	F	2	-	-	-	-	-	-	-	2
Motor Vehicle Accidents	M	3	-	1	1	-	-	-	-	1
	F	1	1	-	-	-	-	-	-	-
TOTAL ALL CAUSES	M	39	-	1	1	1	2	6	14	14
	F	31	1	-	-	-	1	4	5	20
GRANT TOTAL	M & F	70	1	1	1	1	3	10	19	34

Crude Death Rate - 13.56 per 1,000 population (9.25 in 1965).

Corrected Death Rate - 10.98 per 1,000 population (after applying Comparability Factor of 0.81).

Chief Causes of Death:

1. Heart Disease - 24 {13 from coronary heart disease).
(6 " " " " " in 1965).
2. Malignancy - 15 (4 from cancer of the lung).
(Nil " " " " " in 1965).
3. Cerebro-vascular disease - 10 (7 in 1965).

Comparative Statistics (1966)

	For den Rural District	Montg. County	England & Wales (Provision- al figures)
Birth Rate (Corrected)	18.31	16.03	17.7
Stillbirth Rate	1.2%	1.74	1.54%
Illegitimacy Rate	7%	7.3	-
Infant Mortality Rate (Total)	Nil	6.1	19.0
Neo-natal Mortality Rate	Nil	6.5	12.9
Early Neo-Natal Mortality Rate	Nil	-	11.1
Perinatal Mortality Rate	11.8	23.8	26.3
Maternal Mortality Rate	Nil	Nil	-
Death Rate (Corrected)	10.98	13.02	11.7

ANALYSIS OF VITAL STATISTICS OF THE FIVE SANITARY AUTHORITIES IN NORTH MONTGOMERYSHIRE (1966)

Sanitary District	Popul- ation	Crude Birth Rate per 1000 Popul- ation	Stillbirth Rate (% of live births)	Illegitimate Birth Rate (% of total births)	Total Infant Mortality Rate per 1000 live births	Crude Death Rate per 1000 popul- ation	Tuberculosis death rate per million population
Llanfyllin M.B.	1,230	13.53	NIL	NIL	13.53	18.7	NIL
Montgomery M.B.	1,000	15.0	NIL	6.67	NIL	19.0	NIL
Welshpool M.B.	6,540	17.8	2.56	2.5	8.5	13.3	NIL
Llanfyllin R.D.	8,950	12.71	1.8	4.3	26.31	11.90	NIL
For den R.D.	5,160	16.2	1.2	7.1%	NIL	13.56	192 *

* This was caused by one such death.

SECTION "B"

The County Medical Officer of Health is responsible for the personal health service of the district.

SECTION "C"

Sanitary Circumstances of the Area

(1) Water Supplies

The Council are responsible for water supplies to ten houses at Springfields and four houses at Abermule. The supply to Springfields is from a bore hole of good quality but very hard water.

The supply to Abermule is now adequate as to quantity since a small bore tube was installed but of doubtful quality. Chlorine is added but as a precaution filters have been provided for drinking purposes.

The Montgomeryshire Water Board is responsible for supplies in the remainder of the district.

Cont/over

Apart from Berriew & Churchstoke villages where there are water mains the district is almost entirely dependant on water from private sources many of doubtful purity. During the year there were serious shortages in Forden and water was delivered to the Housing site by tanker.

Towards the end of the year there were indications that the long awaited scheme for water main laying in the Forden district was a little further forward.

Samples were taken with the following results:-

Council Supplies	
Satisfactory	8
Unsatisfactory	1
Board Supplies	
Satisfactory	20
Unsatisfactory	5
Private Supplies	
Satisfactory	1
Unsatisfactory	22

In each case of an unsatisfactory sample advice was given or action was taken.

(2) Sewerage

Apart from the small disposal plants at the Council Housing Sites the only village with sewers and a modern treatment plant is Berriew. Maintenance is by direct labour.

Progress was made during the year on sewerage schemes at Churchstoke, Middletown, Llandyssil, Abermule and Leighton. The progress was mainly in the preliminary stages of consulting landowners and interested parties regarding the siting of the sewers and works. It is hoped to have schemes ready to go to contract as soon as adequate water supplies become available.

(3) Rivers and Streams

In all cases of new building steps were taken to ensure that no pollution of water courses would occur.

(4) Public Cleansing

Refuse is collected fortnightly throughout the district and disposal is by tipping at Churchstoke and Bulthy Hill.

Cesspool and septic tank emptying is by private contractors.

(5) Caravan Sites

There are six licensed sites for holiday caravans. A little difficulty was found in enforcing the Model Standards but generally there were improvements in all of them. A number of individual caravans presented no problems. No legal action was taken during the year.

(6) General

A number of complaints were investigated but no formal action was necessary. There were no smoke nuisances during the year.

(7) Vermin

Two rodent operatives are employed jointly with Welshpool Borough, Montgomery Borough and Llanfyllin R.D.C. As the rats in this area are Warfarin resistant only acute poisons are used.

No. of properties inspected	94
Treated	85
Materials used	
Sausage rusk	106 lbs
Oatmeal	530 lbs
Zinc Phosphide	14 lbs
Antu	6 lbs

SECTION "D"

Housing

No. of dwellings rendered fit as a result of informal action by the Local Authority	27
No. of dwellings built by Local Authority	13
No. of dwellings built by Private enterprise	11
No. of dwellings improved with the aid of grant	33

Factories

	No. on register	Inspections
Factories in which Secs 1-6 are to be enforced by Local Authority	11	5
Factories not included in above in which Sec. 7 is enforced by Local Authority	18	4
No action was necessary and no notices were served.		
There are no outworkers registered in the district.		

Offices and Shops

Registered Premises		No. employed
Offices	11	24
Retail shops	3	10
Warehouses	1	2

Number of inspections 17. No action was necessary. No accidents were reported.

SECTION "E"

Milk

There are no dairies selling milk by retail in the district which is served by dairies from outside. Producer retailers are inspected by the Ministry.

During the year 18 samples were taken and tested for keeping quality. One failed the test but the remainder were satisfactory. Fourteen of the satisfactory samples were of school milk.

Meat

There are no slaughterhouses in the district. 14 lbs of meat was condemned on voluntary surrender by the owner.

Cont/over

SECTION "F"

Infectious Disease Control

Measles

Only 12 cases of Measles occurred during the year.

Tuberculosis

No new cases were notified (13 pulmonary and 2 non-pulmonary occurred in the county).

There was 1 death - female aged 70 years from pulmonary tuberculosis. There were 3 deaths from this type in the county.

The Mass Radiography Unit made 16 visits to North Montgomeryshire and 368 persons were examined; of this number, 2 were found to have pulmonary abnormalities other than tuberculosis and 4 other cases were referred for further investigation at the Chest Clinic.

B.C.G. Vaccination was carried out at Welshpool and Newtown High School where 342 pupils were tested; 268 were found to require vaccination and 258 presented to receive it.

Whenever a case of tuberculosis is reported the house is visited and every effort made to trace the source of infection, and all contacts are investigated at the chest clinic. There has been a steady decline in both pulmonary and non-pulmonary tuberculosis in England and Wales over the years due to the introduction of various measures, chiefly:- early detection, isolation of cases, B.C.G. Vaccination of adolescents and of persons "at risk" (selected groups), insistence on the use of milk from tuberculous - free herds and pasteurizing milk, (this has significantly reduced cases of non-pulmonary tuberculosis), education of the public (no spitting in public places), prompt notification of all cases to the Medical Officer of Health. More recently, the danger from an increase in the number of immigrants into the country has necessitated the screening of such persons. Better housing conditions have contributed in no small way to the fall in the incidence of this disease. We must continue to apply these measures constantly.

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis Immunization;

Smallpox Vaccination

The Infant Welfare Clinics (and General Practitioners) carry out these immunizations.

Diphtheria At one time this was the leading cause of death in children; almost 30 years ago more than 50,000 cases of this disease were notified and 3,000 deaths occurred annually; 20 years later (1957) there were only 37 cases and 6 deaths, this incredible improvement is mainly attributable to immunization. The Immunization Rates for Montgomeryshire compares very favourably with the rate for the rest of the country. Nevertheless, occasionally I find parents who refuse to allow their child this protection, the two chief reasons being "his father will not allow it because he had so many injections, himself, in the army" and "but one never hears of the disease these days". Often permission is refused "because he (the child) does not want it". Basically these parents are, understandably, trying to protect their children from the trivial prick of the needle without realizing the danger which may result by withholding consent. These parents represent an extremely small percentage and the majority consent after considering the matter further. (Over a period of 2 weeks in July 1966, in a northern County of England there were 3 cases of diphtheria, and 2 deaths occurred; there had been no cases for 18 years previously).

Tetanus

Since 1965, school children who had not been previously immunized against tetanus were offered this service and by the middle of June 1967, 3,599 children had been Vaccinated. Tetanus is an acute disease characterized by severe muscular spasms of jaw and neck ("lock jaw"). Mortality is said to be about 35%. The organism gains entry to the body through a wound, an abrasion or even a burn; the immediate source of infection is soil, dust, animal or human faeces. Veterinary Surgeons, Agricultural workers and workers handling horses are especially at risk. The advantage of an active immunization is that the immunized person can be protected in the event of an injury by a re-inforcing dose of tetanus toxoid instead of the antitoxin which may cause anaphylaxis.

Smallpox

Vaccination is carried out by the general practitioners and at some Infant Welfare Clinics. Since 1948 it is no longer compulsory but is strongly advised (apart from certain contra-indications). It is of importance when smallpox is introduced from abroad; with increasing numbers of immigrants entering the country from areas where smallpox is endemic the risk, is ever with us; recent cases have been reported in the country and from time to time contacts of such cases travel to N. Monts, but on receipt of a notice from the Sea or Airport of entry I visit such cases and keep them under daily Surveillance until there is no longer any likelihood of them contracting the disease. Two such cases were under Surveillance in the district in 1966.

The Ministry of Health advocate the Vaccination of infants in their Second year.

